



LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET

TYPE OF SUBMISSION:

☒

NEW

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REVISED - Replaces _____
Current submission catalog number

☐

UPDATE - To _____
Current submission catalog number

☐

CHANGE IN CONTACT INFORMATION

Name: _____

Telephone Number: _____

E-Mail Address: _____

Date Submitted To Hospital/Division: 3-27-2001

Approved for submission to LTCS Best Practice Committee

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Date Submitted To LTCS Best Practice Committee: _____

Approved for submission to LTCS Best Practice Catalog

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LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Health and Safety Quarterly Report

Function Category:

☐

PATIENT-FOCUSED

☒

ORGANIZATION

☐

STRUCTURES

Sub-category(s): _____

Heading: _____

Contact Person: Ted Selby, Health & Safety Officer **Telephone Number:** 707- 253-5664

Hospital: Napa State Hospital

The following items are available regarding this Best Practice:

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Photographs

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Video Tape

☐

Drawings

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Manual

1. SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):

During the Health and Safety Best Practices audit of each of the hospitals it was noted that the other hospitals do not prepare a quarterly report which provides invaluable information to administration on various topics.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Hospital management at other facilities do not receive detailed information necessary to make Health and Safety compliance decisions. Napa State Hospital's Quarterly Report provides statistical information for hospital management to use as a tool in tracking injuries, exposures, identifying trends, and finding solutions. The Health and Safety Quarterly Report contains information related to: **Post Injury Care Management**; (i.e. tracking of lost work days, overview of the limited duty program, number, type, location, time, activity at the time, and causes of injuries, employee classifications and associated Workers Compensation costs);

and the **Safety Management Program**; (i.e. injury & illness rates, injury statistics, prevention programs, ergonomic assessments, safety inspection compliance, FDA recalls, safety meeting compliance, safety suggestions, hazardous materials management, asbestos, lead and respiratory management, hearing conservation, multiple injury risk assessments, etc.) The aforementioned information is not intended to be considered all-inclusive, additional information is incorporated into the report at the discretion of the Health and Safety Office.

3. ANALYSIS (Describe how the problem was analyzed.):

The Health & Safety Officers from all of the Department of Mental Health's Hospitals met and discussed the fact that currently this type of information is not being tracked consistently, nor is it being provided to hospital management.

4. IMPLEMENTATION (Describe your implementation of the solution.):

Disseminate to all Department of Mental Health Hospitals step-by-step instructions, outlining procedures to retrieve necessary information, along with a sample of Napa State Hospital's Quarterly Report.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

By following the protocols outlined in the Post Injury Care Management and Safety Management Programs Napa State Hospital has been able to provide additional training which resulted in lower Workers Compensation costs, reduction in lost work days, and a reduction in the total number of injuries. It has been discovered that employees who receive focused training and information regarding their surroundings and work environment are less likely to litigate their claims. Napa State Hospital's efforts in this area have resulted in significant savings of Workers Compensation costs, and a noteworthy decrease in preventable injuries.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

Napa State Hospital implemented this procedure years ago in an effort to communicate with hospital management detailed information impacting their areas of supervision and make informed decisions, regarding issues such as; training, methods of correction, and changes in policy or procedure. The process is continually undergoing evaluation, and is enhanced on an ongoing basis. It has proven to be very successful here, and will surely be beneficial to other hospitals.